

Prescribed by the Secretary of State
A5-14e2.12.03

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VOTER REGISTRATION INFORMATION			REASON FOR VOTING BY MAIL YOU MUST CHECK ONE	SPECIAL INSTRUCTIONS FOR MAILING YOUR APPLICATION	
Residence Address Where Registered to Vote, Include City, State, and Zip (if you will not have your ballot mailed to you at this address, see instructions at end of this form)			1 65 years of age or older 2 Disability 3 Confinement in jail. 4 Expected absence from the county. (See mailing instructions)	If you checked #4 as the reason for voting by mail, you are expecting to be absent from the county on election day and during early voting clerk's regular office hours for the early voting in person at the time application is made. If an application is submitted <u>AFTER</u> early voting in person has begun, this application <u>MUST</u> be submitted to your early voting clerk from an address or by fax machine from outside of the county.	
County Election Precinct Number*	Voter Registration Number*	TelephoneNumber*	FOR WITNESS and/or ASSISTANT: Applicant, if unable to sign, shall make mark in presence of witness, if applicant is unable to make mark, the witness shall check here Failure to complete this information if signature was witnessed or	SPECIAL INSTRUCTIONS FOR HAVING YOUR BALLOT MAILED TO YOU You must indicate the type of address you are having your ballot	
Type and Date of Election Check here for ballots for both the main election and runoff if applicable		•	applicant was assisted in completing the application is a Class A misdemeanor.	mailed if you are having your ballot mailed to an address other than your permanent residence address: 1 Mailing address as listed on my voter registration certificate 2 Hospital	
"I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS APPLICATION IS A CRIME."			Signature of Witness/Assistant Print Full Name of Witness/Assistant Residence Address of Witness/Assistant or Title of Witness/Assistant If an Election Official	3 Nursing home or long-term care facility 4 Retirement center 5 Relative; Indicate relationship 6 Address of the jail	
			See Instructions for Clarification	7 Address outside the county	
SIGN HERE > SIGNATURE OF APPLICANT			Relationship to Applicant of Witness/Assistant (Check one: parent, grandparent, spouse, child, sibling, other, reside at same address as applicant)	MAIL MY BALLOT TO (if not residence address) (include street address, P.O. Box number, apartment number as applicable, city, state, and zip)	
*Optional			uñol. Para conseguir la version en Español favor de llamar sin cargo cretario de Estado o la Secretaria de Votación por Adelantado.		

A5-14e2.p65

1/16/2004, 10:06 AM

INSTRUCTIONS FOR APPLICATION FOR **BALLOT BY MAIL**

- Name Print name as you are registered to vote
- voter registration address with the voter registrar, indicate your new registration certificate. If you have moved but not yet changed your Residence Address - Give full address as shown on your voter
- rule include: cated on your voter registration application. must be mailed to your residence address or the mailing address indi-Instructions for having your ballot mailed: Balloting materials Exceptions to this general
- spouse's brother, spouse's sister, spouse's grandparent. great-grandparent, uncle, aunt, nephew, niece, spouse, spouse's parare temporarily living at that address. ing address may be a hospital, nursing home or long-term care faby the 2nd degree by affinity or 3rd degree by consanguinity, if you cility or retirement center, or the address of a person related to you Voting by reason of 65 years of age or older or disability, the mailson-in-law, daughter-in-law, brother, sister, grandparent, grandchild, great-grandchild, brother's spouse, sister's spouse, Relatives include: parent,
- dence must match the mailing address on the application for ballot The residence address or mailing address on the statement of resielection. your new address is still within the political subdivision holding the voting clerk will mail you a ballot and a statement of residence trar and is having a ballot mailed to the new residence. Voter has moved, but failed to change address with the voter regis-If these two addresses do not match, your ballot will not be You are required to return the statement with your ballot. The early
- stated above. If the reason for applying to vote by mail is confinement in jail, the address to mail your ballot must be either the jail or a relative as
- You may return your application in person*, by mail, common application by fax, you must fax the application from outside the county. Improper delivery will cause the application for a mail ballot to be rejected. delivering property for compensation. To be eligible to submit an profit carrier and the primary business of which is transporting or If you use common or contract carrier, it must be a business for or contract carrier or fax (if fax is available in the clerk's office).
- cation by personal delivery to the clerk. If early voting in person has begun, you cannot submit your appli-
- and/or assistant. cation, he/she must give their name and address in the box for witness a person witness your mark. SIGN YOUR APPLICATION- If you cannot sign, you must have If a person helped you fill out this appli-

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sign a ballot application as a witness for more than one applicant. A person may sign more than one application as a witness if the second child, sibling, and subsequent applications are related to the witness as parent, spouse. single election, it is a Class B misdemeanor for any person to or grandparent.

deadline is the first preceding business day clerk not earlier than the 60th day and not later than the 7th day before election day. If the 7th day is a weekend or holiday, the Deadline - Your application must be received by the early voting



For additional information call the **Secretary of State** at 1-800-252-8683 or the local early voting clerk Para más información, llame al **Secretario de Estado al 1-800-252-8683** o comuníquese con la Oficina de Votación Postal de la Secretaría de Condado en su localidad.

FROM:					
	Name				
	Address				
	City	State	Zip		



TO:		
	Address	
 City	State	Zin





(Perforated - tear off on this line before mailing)
(Perforado - Separe en esta línea antes de echar al correo)
FROM:

	Name		
	Address		
City	State	Zip	



AFFIX FIRST CLASS POSTAGE

(PEGUE SELLO DE CORREO DE PRIMERA CLASE)

TO: EARLY VOTING CLERK

Address

City State Zip

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